

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	446	4-13-95
TYPIST	431	4-14-95
VERIFIER	204	4-14-94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

# Best Available Copy INDEX OF CLAIMS

Claim	Date
Final Original	
1	5/15/96
2	5/15/96
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50	5/15/96

SYMBOLS

- ✓ Rejected
- = Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
Final Original	
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